OMB APPROVED NO. 0584-0339 Expiration Date: XX/XX/XXXX

# U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE SNAP EMPLOYMENT AND TRAINING (E&T) PROGRAM ACTIVITY REPORT

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STATE NAME	QUARTER COVERED		
	1 - First 3 - Third 2 - Second 4 - Fourth		
STATE CODE	FEDERAL FISCAL YEAR		

Public reporting burden for this collection of information is estimated to average 32 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate or any other aspect of Food and Nutrition Services, Office of Research, Nutrition and Analysis, Alexandria, VA 22302 (0584-0339). Do not return the completed form to this address.

# COMPLETE ON FIRST QUARTER REPORT

1. Number of work registrants receiving SNAP on October 1 of the new fiscal year:

### **COMPLETE EACH QUARTER**

	MONTH 1	MONTH 2	MONTH 3	QUARTERLY TOTAL	FISCAL YEAR TO DATE
2. Number of new work registrants					
3. Number of ABAWD applicants and recipients participating in qualifying components					
<ol> <li>Number of all other applicants and recipients (including ABAWDs involved in <u>non-qualifying</u> activities) participating in qualifying components</li> </ol>					
5. Number of ABAWD case months used under the State agency's 15% exemption allowance					

## COMPLETE ON FOURTH QUARTER REPORT FOR ENTIRE FISCAL YEAR

6. Number of individuals who participated in each component (list components and attach separate sheet if necessary)

COMPONENTS	NUMBER WHO PARTICIPATED IN EACH COMPONENT		
COMPONENTS	ABAWD	NON-ABAWD	TOTAL
TOTAL COMPONENT PARTICIPATION			
EMPLOYMENT AND TRAINING PROGRAM PARTICIPATION	NUMBER WHO PARTICIPATED IN THE E&T PROGRAM		
7. Number of individuals who participated in the E&T Program during the fiscal year			

I CERTIFY THAT THIS REPORT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE						
SIGNATURE		TITLE		DATE	TELEPHONE	
FORM FNS-583 (11-11) Previous Editions Obsolete SBU Electronic Form Version Designed in Adobe 1					Adobe 10.0 Versior	
	No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by 7 CFR 273.7					

#### SNAP EMPLOYMENT AND TRAINING (E&T) PROGRAM ACTIVITY REPORT (FNS-583) GENERAL INSTRUCTIONS

This report covers State agency E&T program activities during the report period. Each State agency must submit a consolidated State level report to the Food and Nutrition Service (FNS). Submit the original and one copy of this report to the FNS Regional Office no later than the 45th day following the end of the report period. For the 2nd, 3rd and 4th quarters, add the quarterly total to the total from the previous quarter(s) and list cumulative total under "**FISCAL YEAR TO DATE**". State agencies must retain a copy of the report for audit purposes.

**NOTE**: Items 3 and 4 below require a monthly count of component participation. An individual who participates each month must be counted 12 times during the fiscal year. In Item 6, that same individual should be counted once for each component in which he/she participated. For example, an ABAWD participated the entire fiscal year - 6 months in a workfare component and 6 months a training component. That ABAWD must be counted each month in Item 3. At the end of the fiscal year the same ABAWD must be counted in the workfare component and once in the training component. However, in Item 7 count the individual only once for the fiscal year.

**ITEM 1** - Record the total number of work registrants in the State on October 1 of the new fiscal year. **Do not** count these registrants again during the fiscal year.

**ITEM 2** - Record the number of individuals registered for work each month, beginning with October. **Count individuals as work registrants only <u>once</u> during the fiscal year.** 

**ITEM 3** - Record the number of able-bodied adults without dependents (ABAWDs), both applicants and recipients, subject to the 3-month SNAP Benefits time limit that participated in **qualifying** ABAWD E&T activities each month of the report period. **NOTE:** Qualifying ABAWD E&T activities maintain SNAP Benefits eligibility for those subject to the time limit. To remain eligible, ABAWDs must:

- Participate for 20 hours or more each week in qualifying activities in:
  - 1. A program under title I of the Workfare Investment Act of 1998.
  - 2. A program under section 236 of the Trade Act of 1974.
  - 3. An E&T program. However, job search and job search training are not qualifying activities unless they make up less than half of the required 20 hours.
- Participate in workfare. Job search counts as a qualifying activity during the first 30 days after initial certification, before assignment to a workfare position.

**ITEM 4** - Record the number of all other applicants and recipients who participated in an E&T activity each month of the report period. Include ABAWDs who participated in non-qualifying activities.

**ITEM 5** - Record the number of ABAWD case months used each month of the report period under the State agency's 15 percent exemption allowance, in accordance with section 6(o)(6) of the Food and Nutrition Act.

**ITEM 6** - On the 4th quarter report, list the E&T components offered during the fiscal year and record the number of ABAWDs and non-ABAWDs who participated in each.

**ITEM 7** - On the 4th quarter report, record the number of ABAWDs and non-ABAWDs who participated in the E&T Program during the fiscal year. **Count each individual only once.**